

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement for dates of service (DOS) 08/09/01 and 08/10/01?  
b. The request was received on 07/08/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC-60 and Letter Requesting Dispute Resolution
  - b. HCFAs
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. The Commission requested two copies of additional documentation via a Fee Letter (MR116) that was mailed to the Requestor on 07/30/02. The Requestor did not respond per Rule 133.307 (g)(3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g)(4). The "No Response Submitted" sheet is reflected as Exhibit II of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: letter dated 07/03/02  
“(Carrier) denied payment on date of service 08/09/01 and 08/10/01 CPT code 97545.WH for payment exception code **F Fee guideline MAR reduction**. According to TWCC fee guidelines pages 37 and 38 the MAR reduction is \$64.00 per hour for Work Hardening, not \$0.”
2. Respondent: none submitted

### **IV. FINDINGS**

1. Based on Commission Rule 133.307 (d)(1&2), the only dates of service eligible for review are 08/09/01 and 08/10/01.
2. The carrier's EOBs have the denials:  
F – Fee guideline MAR reduction  
M – No MAR

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MAR	REFERENCE	RATIONALE:
08/09/01	97545-WH (X 2)	\$75.00 (X 2)	\$75.00 (X 1)	F	\$51.20* (X 2)	MFG, MGR (II)(C), (II)(E)(4-5) & CPT descriptor; Commission Rule 133.304 (c)	The provider has billed 2 hours of CPT code 97545-WH on DOS 08/09/01 and is entitled to reimbursement of \$51.20 per hour. The carrier reimbursed 1 hour at \$75.00. The provider is due an additional <b>\$27.40</b> (51.20 X 2 less \$75.00 reimbursed to date).
08/09/01	97546-WH (X 4)	\$75.00 (X 4)	\$51.20 (X 2)	M	\$51.20* (X 4)		The provider has billed 4 hours of CPT code 97546-WH on DOS 08/09/01 and is entitled to reimbursement of \$51.20 per hour. The carrier reimbursed 2 hours at \$51.20. The provider is due an additional <b>\$102.40</b> (51.20 X 4 less \$102.40 reimbursed to date).
08/10/01	97545-WH (X 2)	\$75.00 (X 2)	\$75.00 (X 1)	F	\$51.20* (X 2)  *-\$64.00 less 20%		The provider has billed 2 hours of CPT code 97545-WH on DOS 08/10/01 and is entitled to reimbursement of \$51.20 per hour. The carrier reimbursed 1 hour at \$75.00. The provider is due an additional <b>\$27.40</b> (51.20 X 2 less \$75.00 reimbursed to date).  The denials and the accompanying explanations found on the carrier's EOBs are insufficient and do not allow the provider the opportunity to respond.
Totals		\$600.00	\$252.40				The Requestor is entitled to reimbursement in the amount of \$157.20.

## V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$157.20 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 4<sup>th</sup> day of December 2002.

Larry Beckham  
Medical Dispute Resolution Officer  
Medical Review Division